

City of Detroit
Human Rights Departments
CLAIMANT QUESTIONNAIRE - INTAKE

(This is not a formal complaint form)

All complaints must be filed within one year of the date of the alleged discrimination

Claimant's Name (Your Name)		Respondent's Name	
Claimant's Complete Address		Respondent's Complete Address	
Telephone #	Age	Telephone #	
Birth date	Residence of		

Have you filed a complaint involving the same transaction or occurrence with any other city, state, federal civil rights agency, department or commission? (please circle):

Yes No

What is the name of the agency? (please circle): MDCR EEOC Other

What was the final outcome of this complaint?: _____

Please check the area of your complaint:

EMPLOYMENT <input type="checkbox"/>	PUBLIC ACCOMMODATIONS <input type="checkbox"/>	COMMERCIAL SPACE <input type="checkbox"/>
HOUSING <input type="checkbox"/>	PUBLIC SERVICE <input type="checkbox"/>	MEDICAL CARE FACILITIES <input type="checkbox"/>

Please check the factor(s) which you believe are the reasons for the discrimination:

RACE <input type="checkbox"/>	AGE <input type="checkbox"/>	HANDICAP <input type="checkbox"/>	RELIGION/CREED <input type="checkbox"/>
SEX <input type="checkbox"/>	NATIONAL ORIGIN <input type="checkbox"/>	RETALIATION <input type="checkbox"/>	COLOR <input type="checkbox"/>
AIDS <input type="checkbox"/>	SEXUAL ORIENTATION <input type="checkbox"/>	MARITAL STATUS <input type="checkbox"/>	PUBLIC BENEFIT STATUS <input type="checkbox"/>

First date of Discrimination: _____ Last date of Discrimination: _____

COMPLETE THIS SECTION ONLY FOR EMPLOYMENT COMPLAINTS:

How many employees does the respondent have including supervisors and managers, in all their locations?

1 to 3 ☐ 4 to 14 ☐ 15 to 19 ☐ 20 or more ☐ Unknown ☐

Employer's Type of Business: _____

Your last supervisor's Name and Title: _____

Race: _____ Age: _____ Gender: Male ☐ Female ☐

Describe the action that you think was discriminatory (please be specific)

What information or evidence do you have or know of which might prove that the action was discriminatory?

List any witnesses or persons who have specific information about the action or the events leading to the discrimination.

Name: _____ Title: _____

Address: _____ Expected Testimony: _____

Telephone #: _____
Include area code

Name: _____ Title: _____

Address: _____ Expected Testimony: _____

Telephone #: _____
Include area code

Name: _____ Title: _____

Address: _____ Expected Testimony: _____

Telephone #: _____
Include area code

What do you want the Detroit Human Rights Department to do about your situation?

I have been informed of my rights to pursue the issues in this complaint in Circuit Court through private counsel. I will notify the Department if I take such action prior to the Department of Human Rights final disposition of my complaint.

(Claimant's Signature)

Date

(Interviewer's Signature)

Date